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State of Nebraska
Investigator's Motor Vehicle Accident Report

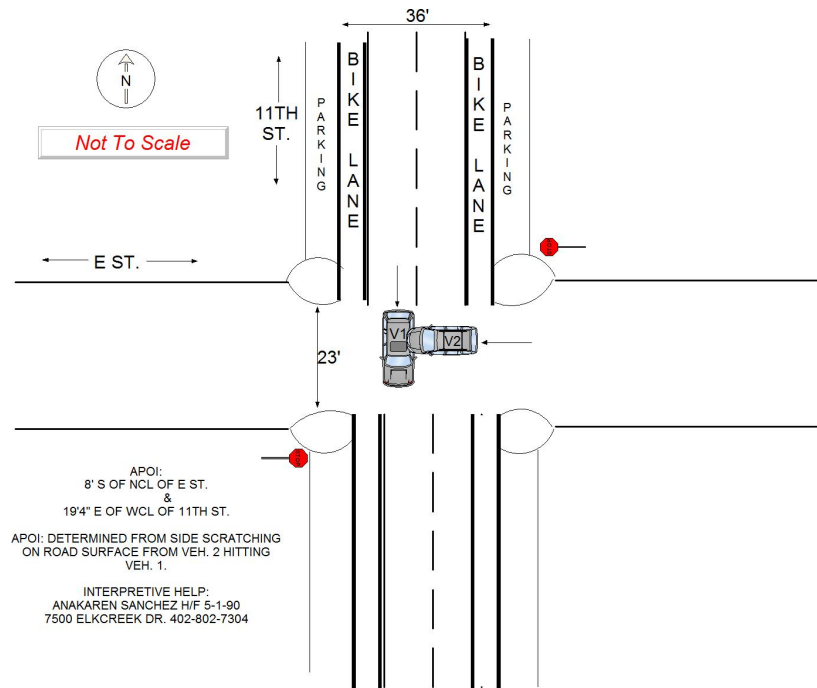
Sheet 1 of 2

2	Total Number of Vehicles	Local No./ District 086	Agency Case No. B5-086351	HIT & RUN? <input type="radio"/> YES <input checked="" type="radio"/> NO	INVESTIGATION MADE AT SCENE? <input checked="" type="radio"/> YES <input type="radio"/> NO	L 1
A/1 01	DATE OF ACCIDENT	M M / D D / Y Y Y Y S M T W T H F S 09/17/2015		TIME OF ACCIDENT 1657	STATE USE ONLY	
A/2 02	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	POLICE NOTIFIED 1702	09/18/2015	
B 87	ROAD ON WHICH ACCIDENT OCCURRED	STREET/ HIGHWAY NO. S. 11TH ST.		PRIVATE PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	LATITUDE	
C 1	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO.	LONGITUDE	
D 1	IF AT INTERSECTION		IF NOT AT INTERSECTION			
		NAME OF INTERSECTING ROADWAY		E St.		
V1/M 01	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN					
V2/M 02	MILES	N S E W	AND MILES	N S E W	OF NEAREST CITY OR TOWN	
E 2	R. WORK ZONE CODES	R1 R2 R3 R4	S. PEDESTRIAN CLASSIFICATION CODES	S1 S2 S3 S4 S5-a S5-b S6-a S6-b	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	
VEHICLE NO. 1						
F 1	DRIVER LICENSE NO.	NONE		STATE (Of License)	SEX <input type="radio"/> FEMALE <input checked="" type="radio"/> MALE	
V1/N 1	DRIVER	MARIO A MONTOYA-MONTOYA		PHONE	LOCAL NO.	
V2/N 5	DRIVER ADDRESS	630 A ST., LINCOLN, NE 68502		DATE OF BIRTH (MM / DD / YYYY)	06/02/1974	
G 2	OWNER	MARIO A MONTOYA DOB 6-2-74		PHONE	LOCAL NO.	
V1/O 3	OWNER ADDRESS	630 A ST, LINCOLN, NE 68502		CITATION <input checked="" type="radio"/> YES <input type="radio"/> PENDING <input type="radio"/> NO	CITATION NO. LB477384	
H 5	LICENSE PLATE PA NO.	TDZ314		YEAR (Plate Expires)	2015	STATE (Of Plate) NE
V1/O 3	VEHICLE	2005	Dodge	MODEL	DURANGO	BODY STYLE Medium/large
V2/O 5	VEHICLE ID NO. (VIN)	1D4HB48N75F613633		COLOR	black	ESTIMATED DAMAGE <input type="radio"/> TOALED \$ 4000
I 1	TOWED TO	UNKNOWN		TOWED BY	INDEPENDENT/CAPITOL	
V1/O 3	INSURANCE COMPANY	VIKING				
V2/O 5	POLICY NO.	275541418				
VEHICLE NO. 2						
F 1	DRIVER LICENSE NO.	NONE		STATE (Of License)	SEX <input type="radio"/> FEMALE <input checked="" type="radio"/> MALE	
V1/P 1	DRIVER	ARACELI RODRIGUEZ-RODRIGUEZ		PHONE	LOCAL NO.	
V2/P 1	DRIVER ADDRESS	900 S. 19TH ST. #5, LINCOLN, NE 68510		DATE OF BIRTH (MM / DD / YYYY)	04/17/1980	
J 01	OWNER	ARACELI RODRIGUEZ DOB 4-17-80		PHONE	LOCAL NO.	
V1/Q 1	OWNER ADDRESS	900 S. 19TH ST. #5, LINCOLN, NE 68510		CITATION <input checked="" type="radio"/> YES <input type="radio"/> PENDING <input type="radio"/> NO	CITATION NO. LB477385	
V2/Q 5	LICENSE PLATE PA NO.	TAR588		YEAR (Plate Expires)	2016	STATE (Of Plate) NE
V1/O 3	VEHICLE	2002	Honda	MODEL	ODYSSEY	BODY STYLE Mini van
V2/O 5	VEHICLE ID NO. (VIN)	2HKRL18542H528392		COLOR	tan	ESTIMATED DAMAGE <input checked="" type="radio"/> TOALED \$
K 02	TOWED TO			TOWED BY	DAIRYLAND AUTO	
V1/O 3	INSURANCE COMPANY	DAIRYLAND AUTO				
V2/O 5	POLICY NO.	274601562				
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)						
VEH. #	NAME	ADDRESS		DATE OF BIRTH (MM / DD / YYYY)	1 Seat Position	2 Eject
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	3 Body Region	4 Injury Sev.
					5 Trans.	SEX M F
VEH. #	NAME	ADDRESS				
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME		
VEH. #	NAME	ADDRESS				
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME		

THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.
B5-086351



DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

VEHICLE 1 WAS SOUTH BOUND, ON 11TH ST., 20 MPH, APPROACHING THE INTERSECTION OF E. DRIVER 1 SAID THAT VEHICLE 2 STOPPED. VEHICLE 2 STOPPED, ENTERED THE INTERSECTION AND COLLIDED WITH VEHICLE 1. VEHICLE 2 WAS WEST BOUND, ON E ST., APPROACHED THE INTERSECTION OF 11TH, WHERE HER DIRECTION WAS CONTROLLED BY A STOP SIGN ON THE NORTH EAST CORNER OF THE INTERSECTION. DRIVER 2 SAID THAT SHE WAS WEST BOUND, STOPPED FOR THE STOP SIGN, AND DID NOT SEE VEHICLE 1. VEHICLE 2 ENTERED THE INTERSECTION AND THE ACCIDENT OCCURRED. WITNESS WAS WALKING NORTH BOUND, ON 11TH ST., EAST SIDE/D TO E. WITNESS SAID THAT VEHICLE 1 WAS SOUTH BOUND AND THAT VEHICLE 2 SLOWED AT THE STOP SIGN AND WENT WEST WITHOUT STOPPING. ACCIDENT OCCURRED.

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
WITNESSES	NAME ROBERT LONG 1123 F ST. #12, LINCOLN, NE 68508	ADDRESS	PHONE 402-601-3960		
	NAME	ADDRESS	PHONE		

VEHICLE MOVEMENT BEFORE COLLISION				POINT OF IMPACT AND MOST DAMAGED AREA				AIRBAG DEPLOYED VEHICLE 1				RESTRAINT USE VEHICLE 1				TOTAL OCCUPANTS													
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME				VEHICLE 1				VEHICLE 2				VEH 1				VEH 2								
1		X			S. 11TH ST.				VEHICLE 1				VEHICLE 2				VEH 1				VEH 2								
2				X	E ST.				VEHICLE 1				VEHICLE 2				VEH 1				VEH 2								
1	01				06 Turning left				POINT OF IMPACT				07				POINT OF IMPACT				01								
2	08				08 Entering traffic lane				MOST DAMAGED AREA				07				MOST DAMAGED AREA				01								
01 Essentially straight ahead					09 Leaving traffic lane					00 None					02					03					04				
02 Backing					10 Parked					09 Top & windows					01					02					03				
03 Changing lanes					11 Slowing or stopped in traffic					10 Undercarriage					04					05					06				
04 Overtaking/Passing					12 Other					11 Total (all areas)					07					08					09				
05 Turning right					13 Unknown					12 Other					06					07					08				
OFFICER NO. 720				TROOP/TEAM/BEAT SW				DEPARTMENT Lincoln Police Department				Photographs taken?				X YES O NO													
INVESTIGATOR NAME (Print or Type) Kirk McAndrew								INVESTIGATOR SIGNATURE Approved by Ofc Kirk McAndrew								DATE OF REPORT 09/18/2015													